Name in Full

Certificate of Death

Hannah S. Archer

Died near Town Bel Air County Harford MARYLAND

Date 189 Month 8 Day 28 | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Dr. Robert H. Archer Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Republican 9-2

Address

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Eliza J. Bavington — Certificate of Death

Town — County Harford — MARYLAND

Died at — Month 9 Day 8 — Y. 23 M. — D. — Native of Md — Occupation

Date 189 — Age 78

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower, Number of children living

~~Husband~~ Wife of Christian S Bavington

Father's Name Wm. C Temple — Mother's Name Elizabeth Temple

Cause of Death: Primary Hernia Umb. — How long sick 4 days

Immediate Strangulated

Accident, Suicide, Homicide

Reported by E Hall Richardson M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Rachel Bishop

Certificate of Death

Died at Town: Havre de Grace County: Harford MARYLAND

Date 1899 Month: 8 Day: 23 Age Y.: 86 M.: — D.: — Native of: Penn Occupation: —

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living: 0

Husband / Wife of: Isaac Bishop

Father's Name: —

Mother's Name: —

Cause of Death — Primary: Old age 141 — Immediate: —

How long sick: —

Accident, Suicide, Homicide

Reported by: No medical attendant

Address: —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Information given by
a grandson

Name In Full Robert Roland Black

Certificate of Death

Died at Town aberdeen County Harford MARYLAND

Date 189? Month aug Day 25 | Age Y. 4 M. 2 D. 4 | Native of | Occupation

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ of Wife

Father's Name Robert B Roland. Mother's Name Susan b Black.

Cause of Death: Primary 161 — How long sick week

Immediate 9-22 — Accident, Suicide, Homicide

OVER

Reported by Robert Roland

Address Darlington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78858

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from Robert Rolland

of Darlington

Name In Full Thos. J. Bradenbaugh

Certificate of Death

Died at Town Pleasantville County Harford MARYLAND

Date 189 9 Month 8 Day 3 | Age Y. 87 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 4

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Bel Air Times 8-12

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Nellie Jane Bradfield

Died at Town: Havre de Grace County: Harford MARYLAND

Date 1899 Month: Aug Day: 2 | Age Y. M. D.: 5, 8 | Native of: Ha de Grace | Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife 82

Father's Name: Robt. Bradfield | Mother's Name: Mary L Bradfield

Cause of Death
- Primary: Bottle feeding & hot weather | How long sick: 9 days
- Immediate: Ileo-Colitis Acute | Accident, Suicide, Homicide

Reported by: Dr. R H Smith

Address: Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

W. H. Cotton

Certificate of Death

Died at Town: Near Aberdeen County: Harford Corner MARYLAND

Date 1899 Month: Aug Day: 8" | Age Y. M. D.: 41 days | Native of: Harford | Occupation: —

Mele ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husbend of Wife

Fether's Name: John McKinley Cotton

Mother's Name: Ann Jane Beckette

Cause of Deeth

Primary: Cola

Immediate: Neglect — 139

How long sick: a week

Accident, Suicide, Homicide

Reported by: W. B. Rome MD —

Address: Aberdeen Harford Co Md

Must be signed by physician, if any in attendence, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Lovely Door this
Chela owed in
Passing — R

Name in Full

Certificate of Death

Mrs. Mary Crossley

Town

County

Died at Fountain Green Harford MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 189 9 8 24 | Age 70

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary: Heart trouble | Immediate

How long sick 5 7

Accident, Suicide, Homicide

Reported by Republican 8-26.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name In Full — Certificate of Death

Dr. William Dallam

Died ~~at~~ near Town Creswell County Harford MARYLAND

Date 1899 Month 8 Day 31 | Age Y. 77 M. D. | Native of | Occupation

Male / ~~Female~~ — White / Colored — Married / ~~Single~~ — Widow / Widower — Divorced — Number of children living 7

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary / Immediate: 161

How long sick

Accident, Suicide, Homicide

Reported by Republican 9-2

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full Certificate of Death

Matha Greene

Died at Town Jarrettsville County Harford MARYLAND

Date 1899 Month Aug Day 30 Age Y. 41 M. D. Native of Maryland Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living Three

~~Husband~~ Wife of George Greene

Father's Name Wm Ashton Mother's Name Rebecca Ashton

Cause of Death Primary Typhoid Fever 1 How long sick 17 days

Immediate Perforation bowels Accident, Suicide, Homicide

Reported by W. L. Smith M.D.

Address Jarrettsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65969

Name in Full: Alexander Gregg

Certificate of Death

Died at: Town: Havre de Grace — County: Harford — MARYLAND

Date 1899: Month: Aug — Day: 24 — Age: Y. 77, M. 10, D. — Native of: Cecil Co Md — Occupation: Iron Worker

Male — White — Married — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living: 7

Husband of Wife: Eliza Scarboro Gregg

Father's Name: Alexander Gregg — Mother's Name: Jane Gregg

Cause of Death — Primary: Chronic Indigestion — How long sick: 141

Immediate: Debility and age — Accident, Suicide, Homicide

Reported by: Dr. R. H. Smith

Address: Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Mrs. Millie Harris

Died at Darlington (Town) Harford (County) MARYLAND

Date 189 4 — Month 8 Day — Age Y. 121 M. D. — Native of — Occupation

~~Male~~ Female — ~~White~~ Colored — Married — Widow — Divorced

~~Single~~ — Widower — Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary — 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Cecil Co. News

Address 8-16

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full Mary L. Hyland — Certificate of Death

Died at Town Havre de Grace County Harford — MARYLAND

Date 1899 Month Aug Day 11 | Age Y. 82 M. D. | Native of Ireland | Occupation ———

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Edward E. Hyland

Father's Name Wm Clark — Mother's Name Sarah Clark

Cause of Death: Primary Dysentery & Gp. — How long sick 3 weeks

Immediate Asthenia — ~~Accident, Suicide, Homicide~~

Reported by Dr. H. L. Fair

Address Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full — Certificate of Death

Charles James

Died at Town: Level, County: Stafford, MARYLAND

Date 1899 Month: Aug. Day: 16 — Age Y.: 74 M. D. — Native of: Md — Occupation: Laborer

Male ~~Female~~ — ~~White~~ Colored — Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ — Number of children living: 6

Husband / Wife of

Father's Name —

Mother's Name —

Cause of Death — Primary: Syphilis 97 — How long sick: Indefinite.

Immediate: Anaemia

~~Accident, Suicide, Homicide~~

Reported by: J. L. Hopkins M.D.

Address: Garland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55868

Name in Full

Certificate of Death

Edward Lee

Died at Town Bel Air County Harford MARYLAND

Date 189 9 Month 8 Day 21 | Age Y. 20 M. D. | Native of | Occupation

~~Male~~ ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary slirt 1526 | How long sick

Immediate | ~~Accident~~, ~~Suicide~~, Homicide

Reported by Port Deposit Press 8-28-

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Joseph E. Lyerly, Jr.

Died at Town: Watervale County: Harford MARYLAND

Date 189 Month: 8 Day: 9 | Age Y. 32 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife ~~Joseph Lyerly~~

Father's Name Joseph Lyerly

Mother's Name Fannie ——

Cause of Death: Primary — typhoid fever — How long sick 1

Immediate — Accident, Suicide, Homicide

Reported by Bel Air Times 8-12

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79808

Name in Full

Richard L. McNutt.

Certificate of Death

Died at Town: Darlington County: Harford MARYLAND

Date 1900 Month: May Day: 16 | Age Y. 68 M. D. | Native of Md | Occupation Carpenter & Constable

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of ——— Linzb

Father's Name John McNutt | Mother's Name Sarah

Cause of Death: Primary Degeneration of Brain 74 | How long sick 3 years

Immediate ~~Accident, Suicide, Homicide~~

Reported by Ephr Hopkins Md

Address Darlington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Mrs Laura V. Michael

Died at Town: Cahoon — County: Harford — MARYLAND

Date 189 — Month: 8 — Day: 16 — Age: Y. 37 M. D. — Native of — Occupation

~~Male~~ / Female — White / Colored — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living 4

Husband of / Wife: Daniel A. Michael

Father's Name — Mother's Name

Cause of Death: Primary — 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Republican 8-26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79808

Name in Full Thomas H. Mellon

Certificate of Death

Died at Town Shawsville County Harford MARYLAND

Date 1899 Month 8 Day 30 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary Typhoid fever 1 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by J. T. Payne, MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Mary C Grekham

Certificate of Death

Died at Town Perryman County Norfolk MARYLAND

Date 1899 Month 8 Day 22 | Age Y. 71 M. D. | Native of N. J. | Occupation —

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living five

~~Husband~~ of

~~Wife~~

Father's Name John Rodges

Mother's Name Eliz. E Rodgers

Cause of Death: Primary Acute Enteritis | How long sick 1 wk

Immediate Heart failure | ~~Accident~~, Suicide, Homicide

Reported by J. H. Stein 83

Address Perryman M. C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.

LIBRARY BUREAU, 79898